



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2020:25

Reporting for the week ending 06/20/20 (MMWR Week #25)

June 26th, 2020

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts

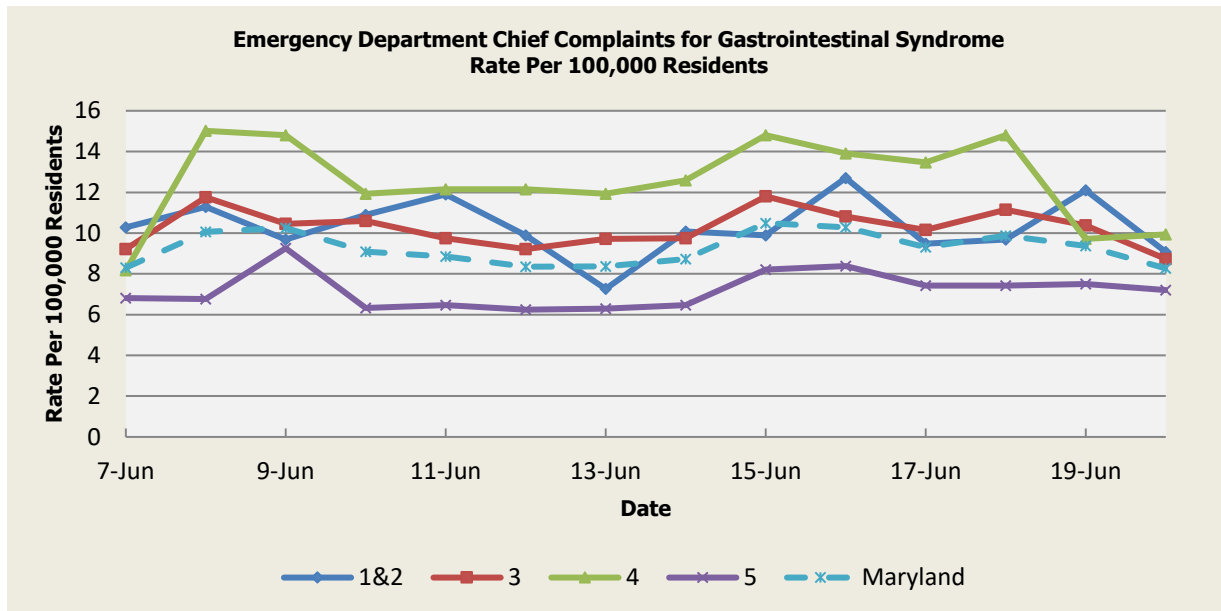
Maryland: **ENHANCED** (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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Gastrointestinal Syndrome



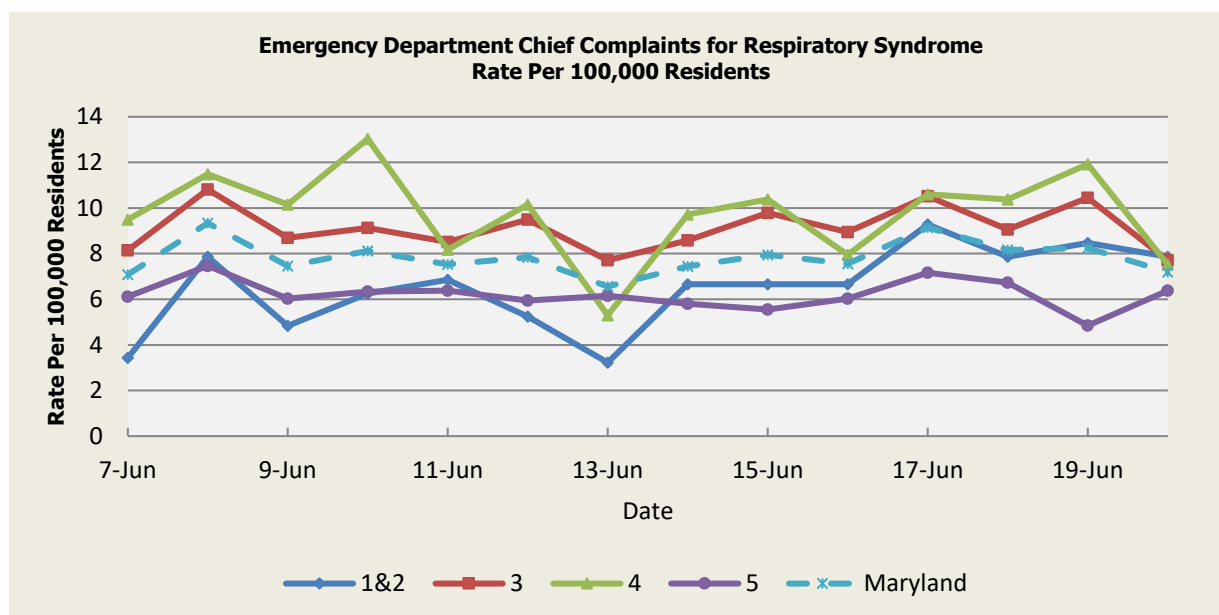
There was no Gastrointestinal Syndrome outbreak reported this week.

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.27	14.98	15.89	10.23	13.08
Median Rate*	13.11	14.83	15.46	10.17	13.02

* Per 100,000 Residents

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Respiratory Syndrome



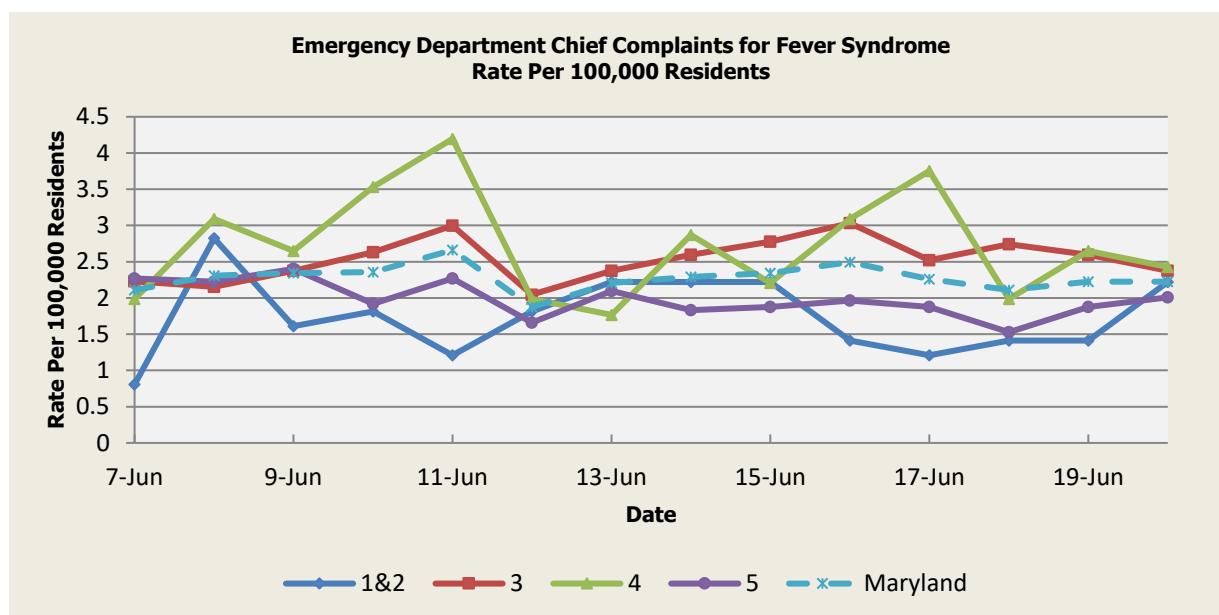
There were eighteen (18) Respiratory Syndrome outbreaks reported this week: one (1) outbreak of COVID-19 in an Assisted Living Facility (Region 3), nine (9) outbreaks of COVID-19 in Group Homes (Regions 3,5), two (2) outbreak of COVID-19 in Daycare Centers (Region 3), three (3) outbreaks of COVID-19 in Hospitals (Regions 3,5), one (1) outbreak of COVID-19 in a Workplace (Region 3), one (1) outbreak of COVID-19 in an Outpatient Facility (Region 3).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.60	14.89	15.25	10.11	12.90
Median Rate*	12.10	14.29	14.35	9.69	12.37

* Per 100,000 Residents

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Fever Syndrome



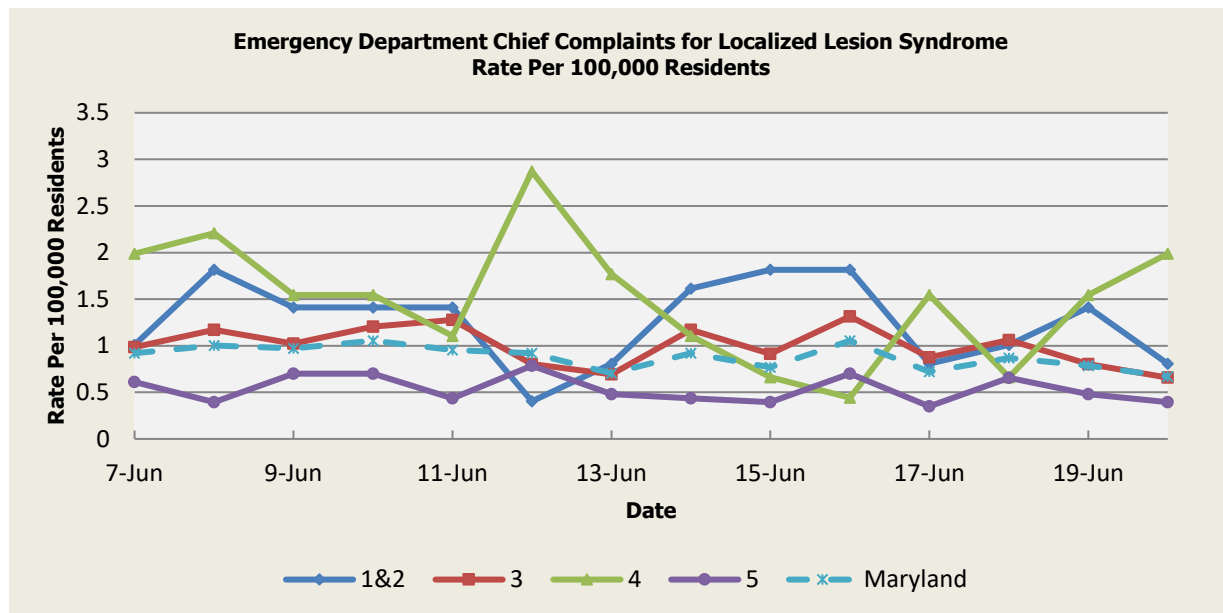
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.09	3.93	4.15	3.07	3.55
Median Rate*	3.02	3.80	3.97	2.97	3.41

*Per 100,000 Residents

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Localized Lesion Syndrome



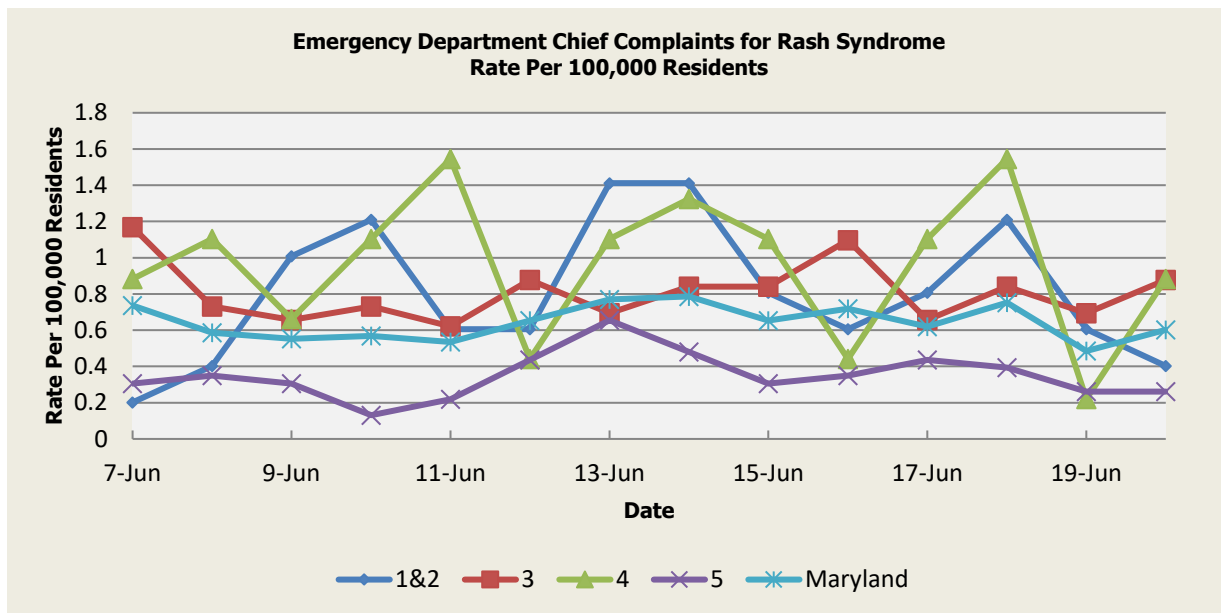
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.16	1.74	2.00	0.89	1.38
Median Rate*	1.01	1.68	1.99	0.87	1.34

* Per 100,000 Residents

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Rash Syndrome



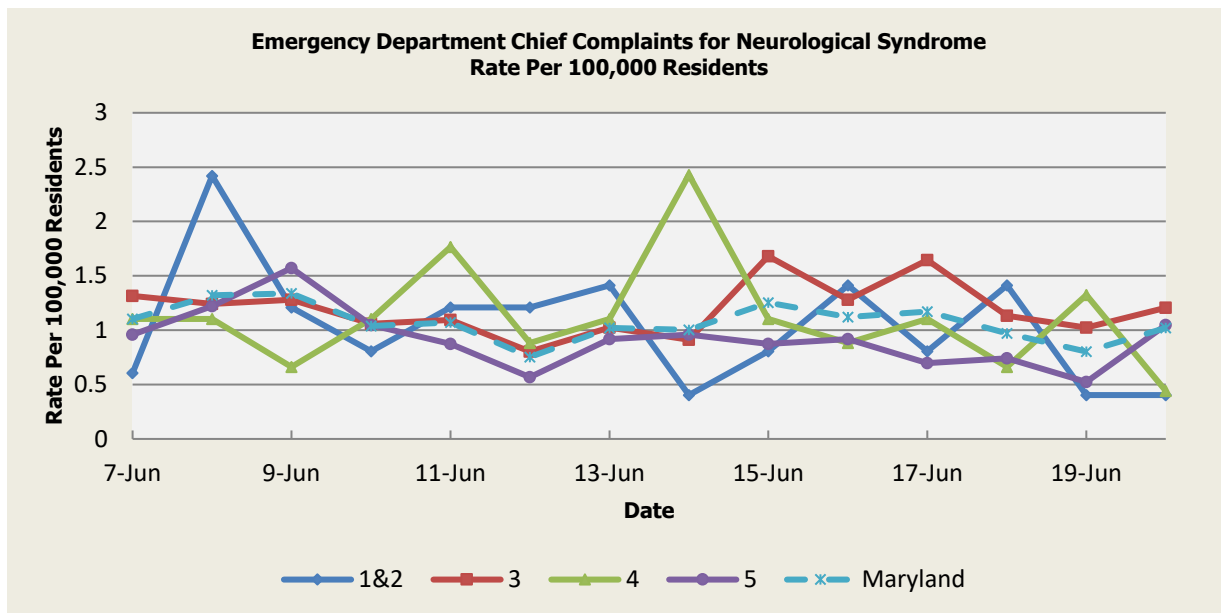
There was no Rash Syndrome outbreak reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.23	1.63	1.72	0.95	1.34
Median Rate*	1.21	1.57	1.55	0.92	1.31

* Per 100,000 Residents

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Neurological Syndrome



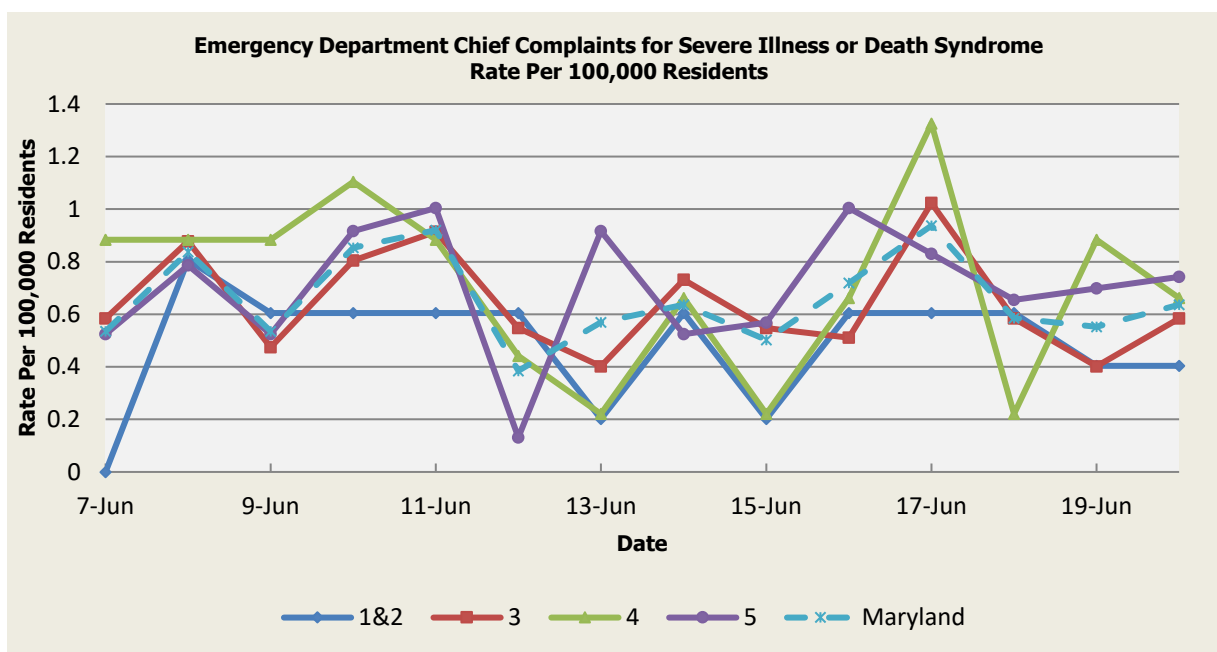
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.81	0.99	0.91	0.63	0.83
Median Rate*	0.81	0.91	0.88	0.57	0.77

* Per 100,000 Residents

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Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

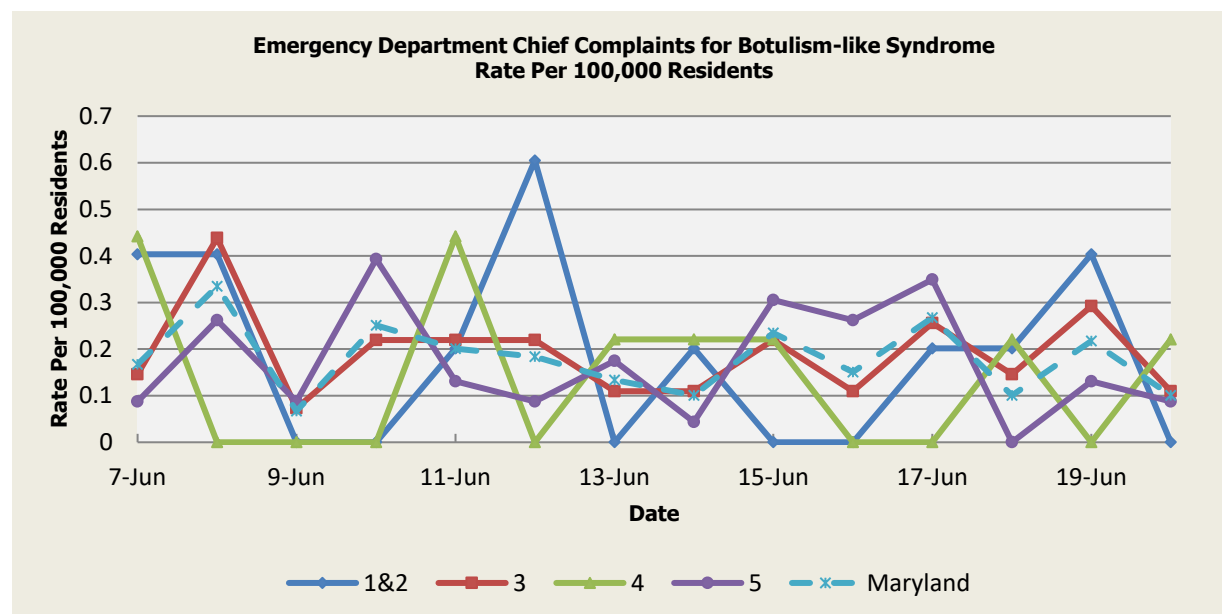
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.65	0.88	0.84	0.53	0.73
Median Rate*	0.60	0.84	0.88	0.48	0.70

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



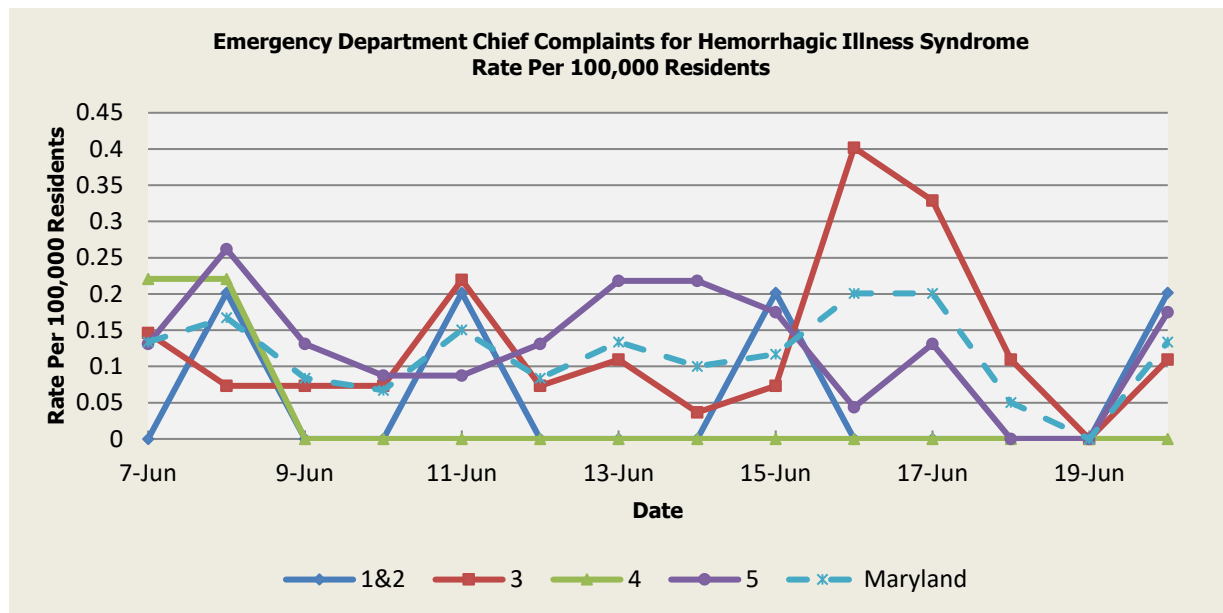
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on, 6/7 (Regions 1&2,4), 6/8 ((Regions 1&2, 3, 5), 6/10 ((Region 5), 6/11 (Regions 1&2,4), 6/12 (Regions 1&2), 6/13 (Regions 4,5), 6/14 (Regions 1&2,4), 6/15 (Regions 4,5), 6/16 (Region 5), 6/17 (Regions 1&2,5), 6/18 (Regions 1&2,4), 6/19 (Regions 1&2,3), 6/20 (Region 4). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.08	0.13	0.06	0.08	0.10
Median Rate*	0.00	0.11	0.00	0.04	0.08

* Per 100,000 Residents

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Hemorrhagic Illness Syndrome



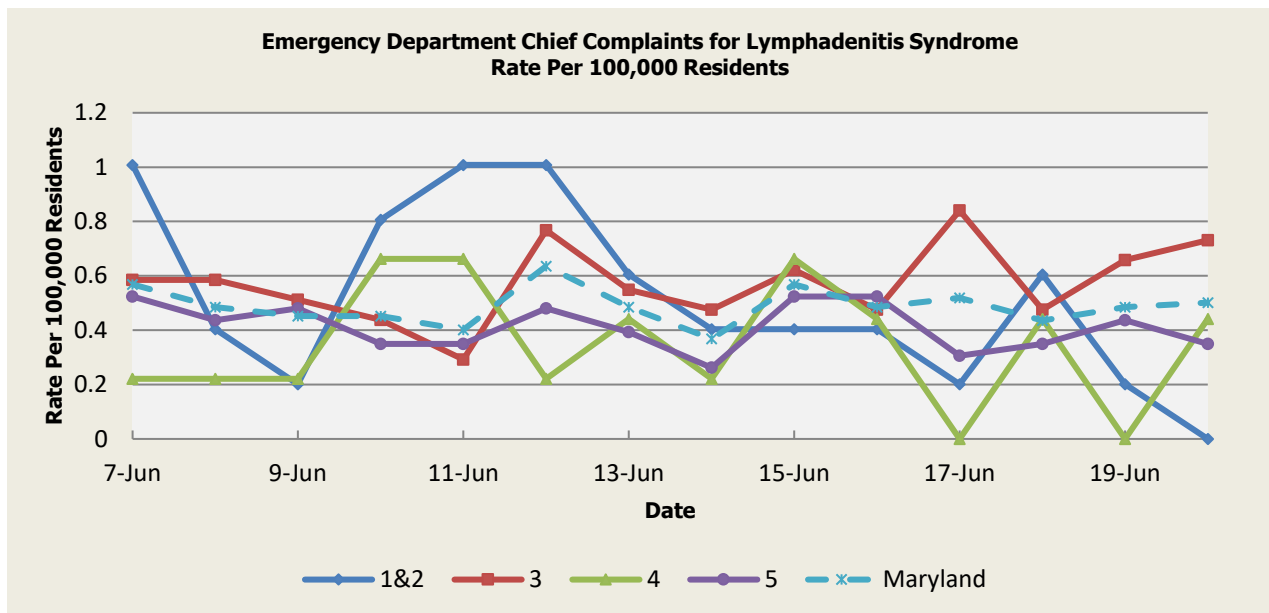
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on, 6/7 (Region 4), 6/8 (Regions 1&2, 4), 6/11 (Regions 1&2), 6/15 (Regions 1&2), 6/16 (Region 3), 6/20 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.05	0.17	0.04	0.15	0.14
Median Rate*	0.00	0.11	0.00	0.09	0.10

* Per 100,000 Residents

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Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on, 6/7 (Regions 1&2), 6/10 (Regions 1&2), 6/11 (Regions 1&2), 6/12 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.39	0.60	0.40	0.39	0.49
Median Rate*	0.40	0.55	0.44	0.35	0.45

* Per 100,000 Residents

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

Coronavirus Disease 2019 (COVID-19) Situation Summary

On March 5th, 2020, the Maryland Department of Health announced the first cases of coronavirus disease 2019 (abbreviated COVID-19) in the State of Maryland.

Confirmed COVID-19 Case Counts in Maryland by County (As of June 26th, 2020)

County	Number of Confirmed Cases
Allegany	204
Anne Arundel	5,005
Baltimore City	7,299
Baltimore County	7,768
Calvert	404
Caroline	309
Carroll	1,104
Cecil	462
Charles	1,357
Dorchester	182
Frederick	2,448
Garrett	10
Harford	1,078
Howard	2,470
Kent	195
Montgomery	14,471
Prince George's	18,307
Queen Anne's	220
Somerset	86
St. Mary's	611
Talbot	121
Washington	663
Wicomico	1,059
Worcester	282
Total	66,115

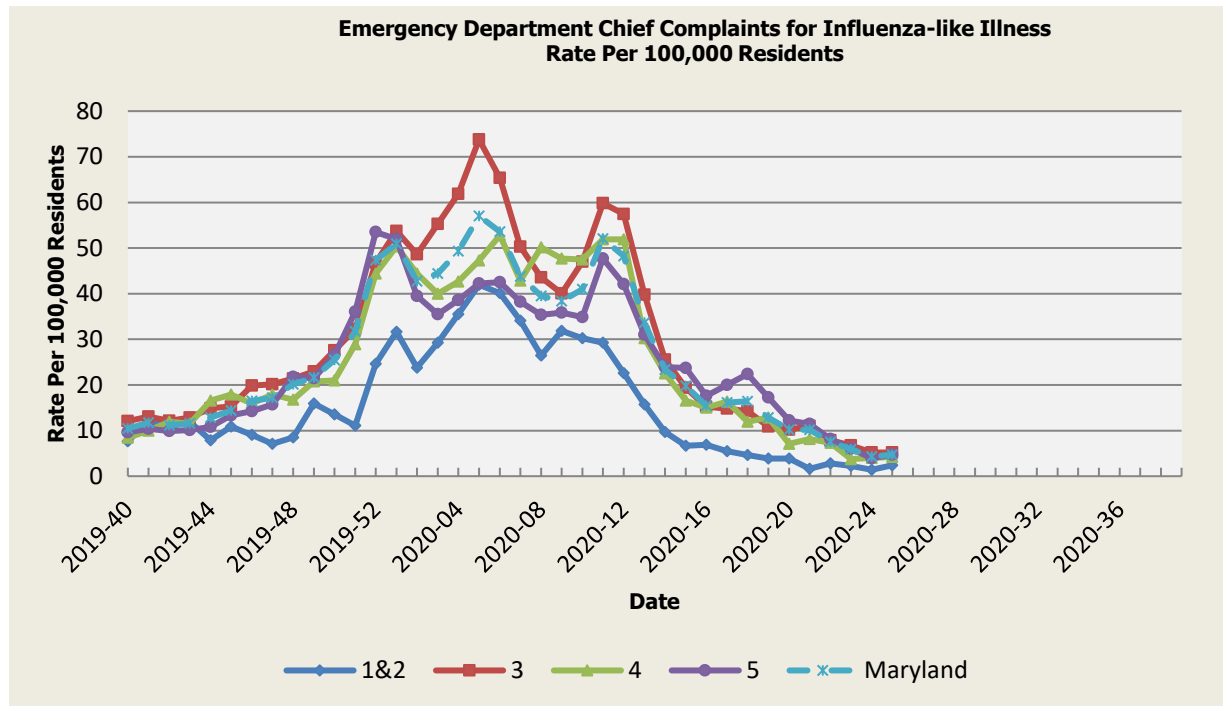
The most up-to-date information may be found on the Maryland Department of Health website at <https://coronavirus.maryland.gov>.

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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2019 through May 2020). **Due to the COVID-19 pandemic, influenza reporting will be extended to the beginning of the 2020-2021 reporting season (MMWR Week 40/Week Ending October 3, 2020).**

Influenza-like Illness

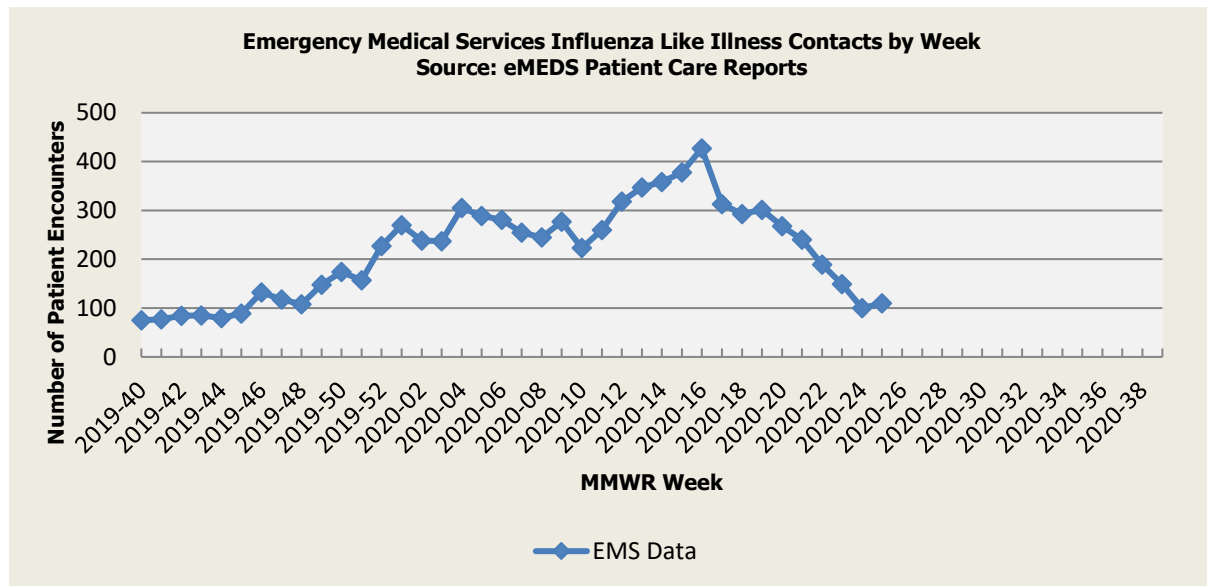


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.52	14.34	13.63	12.14	13.13
Median Rate*	7.66	10.63	9.72	9.04	9.74

* Per 100,000 Residents

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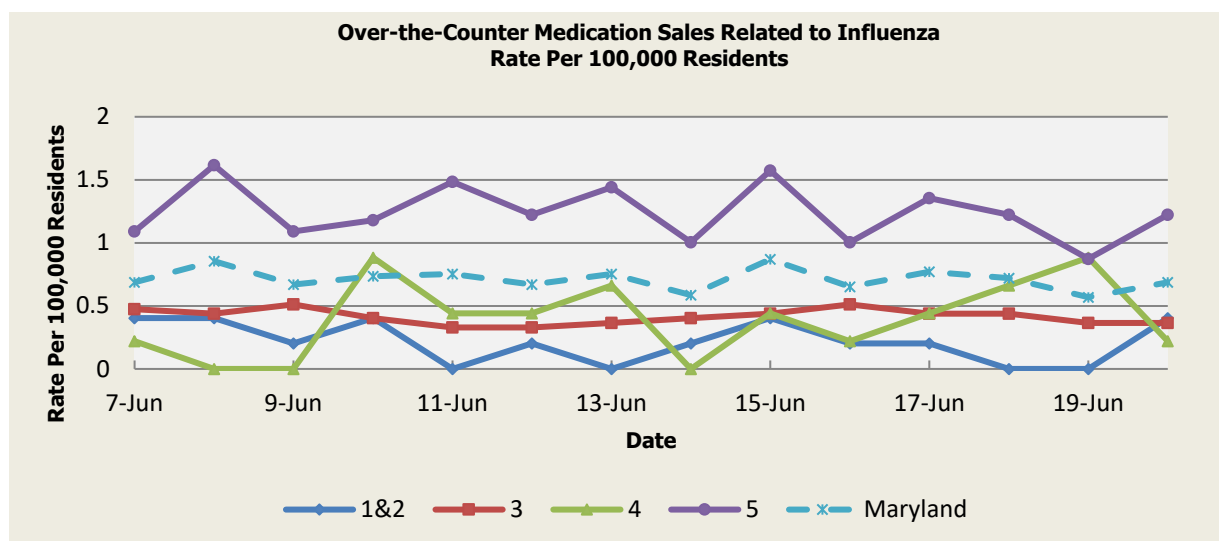
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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Over-the-Counter Influenza-Related Medication Sales



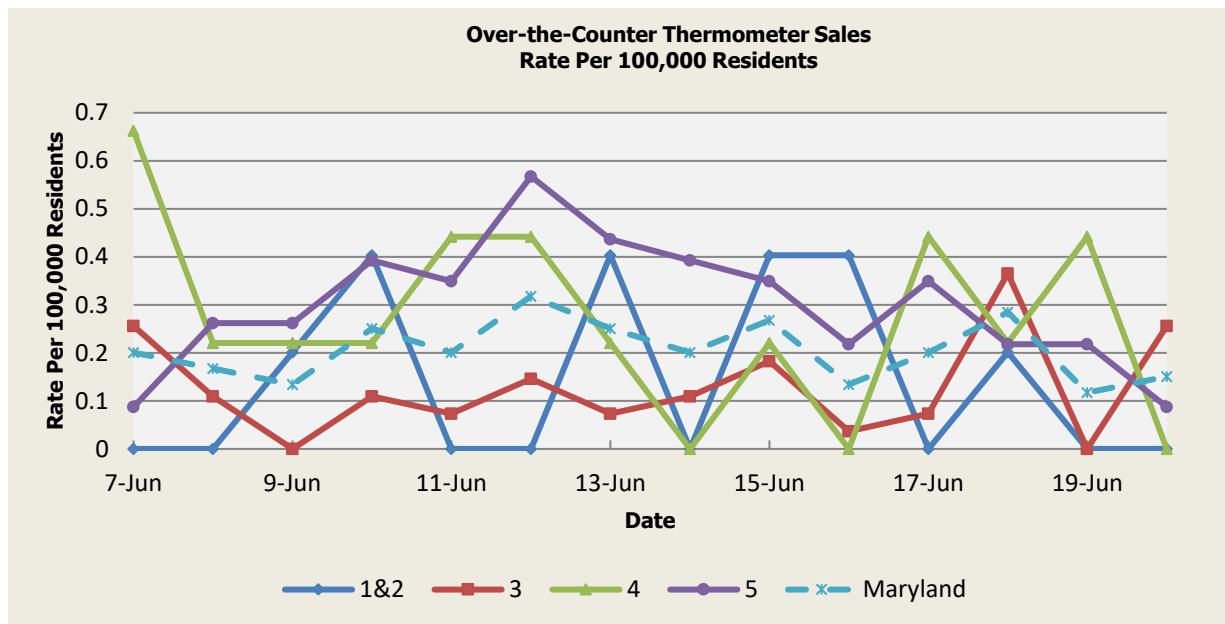
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.37	4.30	2.62	7.68	5.39
Median Rate*	2.62	3.40	2.21	6.94	4.62

* Per 100,000 Residents

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Over-the-Counter Thermometer Sales



There was no appreciable increase above baseline in the rate of OTC Thermometer Sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.81	2.66	2.14	3.53	2.97
Median Rate*	2.62	2.59	1.99	3.49	2.94

* Per 100,000 Residents

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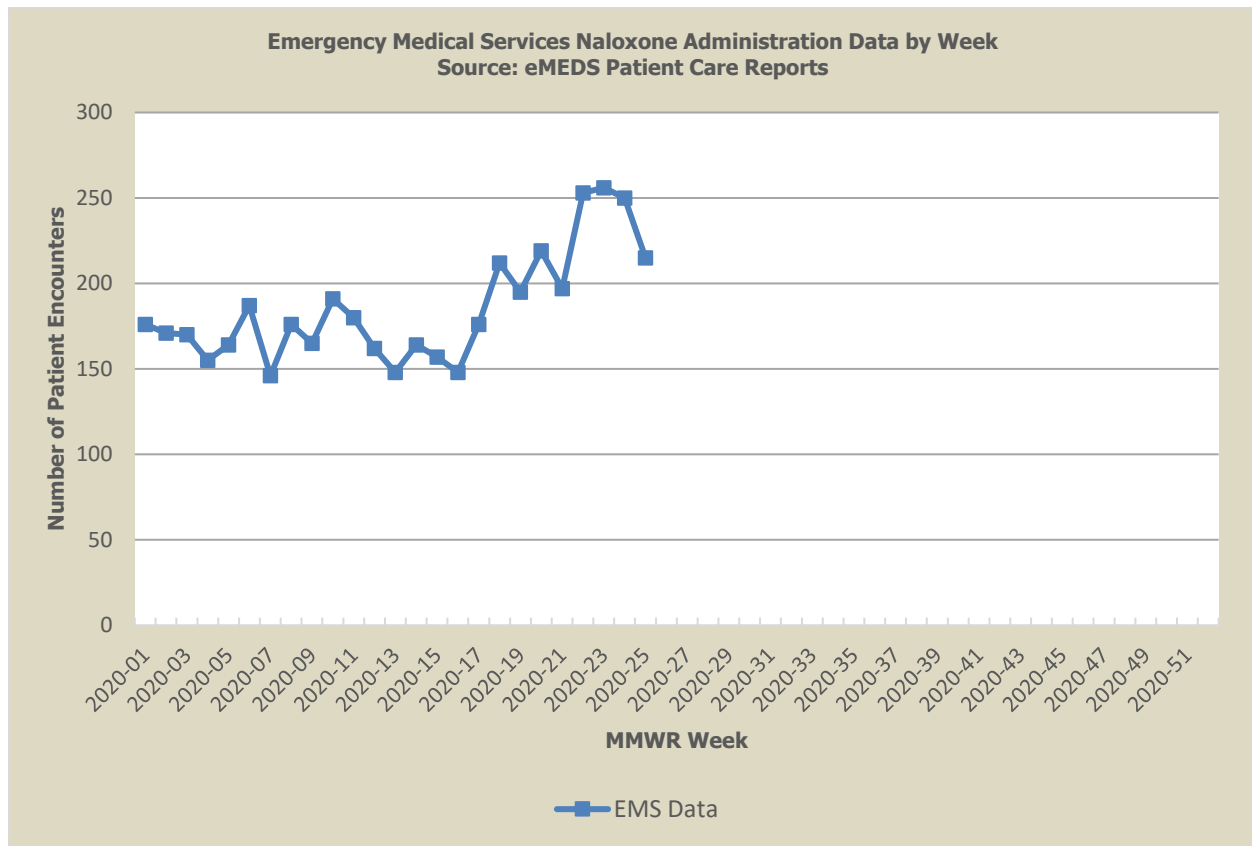
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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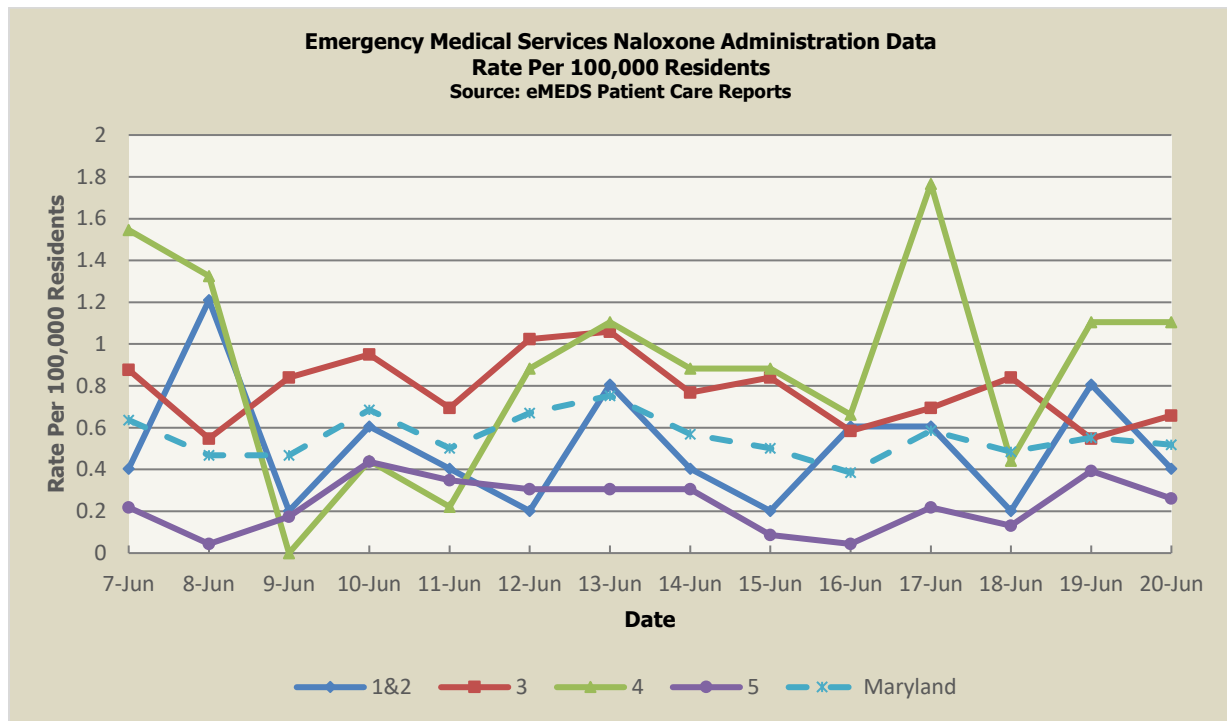
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of June 26th, 2020, the WHO-confirmed global total (2003-2020) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

AVIAN INFLUENZA (ITALY), 25 June 2020, Information received on 23 Jun 2020 from Dr Silvio Borrello, Chief Veterinary Officer, Food Safety and Collegial Bodies for Health Protection, [Ministry of Health], Department for Veterinary Public Health, Rome, Italy. Read More: <https://promedmail.org/promed-post/?id=7507474>

AVIAN INFLUENZA (BULGARIA), 21 June 2020, Information received on [and dated] 18 Jun 2020 from Dr Damyan Iliev, chief veterinary officer and deputy executive director, Bulgarian Food Safety Agency, Ministry of Agriculture and Food, Sofia, Bulgaria. Read More: <https://promedmail.org/promed-post/?id=7489706>

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

CORONAVIRUS DISEASE 2019 UPDATE (USA), 25 June 2020, the above are the latest breakdowns of confirmed cases of SARS-CoV-2 infection in the USA as per Worldometer data. The total number of confirmed cases in the USA and territories is now 2 462 554, including 124 281 deaths, an increase from 2 424 168 cases and 123 473 deaths in the past 24 hours. Read More: <https://promedmail.org/promed-post/?id=7509000>

CYCLOSPORIASIS (MULTISTATE), 25 June 2020, CDC, public health and regulatory officials in several states, and the FDA are investigating a multistate outbreak of _Cyclospora_ infections linked to bagged salad mix containing carrots, red cabbage, and iceberg lettuce purchased at ALDI, Hy-Vee, and Jewel-Osco stores in Illinois, Iowa, Kansas, Missouri, Minnesota, Nebraska, South Dakota, and Wisconsin. Read More: <https://promedmail.org/promed-post/?id=7509844>

INTERNATIONAL DISEASE REPORTS

CORONAVIRUS DISEASE 2019 UPDATE (ITALY), 20 June 2020, The Italian Higher Institute of Health (Istituto Superiore di Sanita; ISS) reports that sewage water from Milan and Turin already contained COVID viral RNA sequences on 18 Dec 2019 [over 2 weeks before China reported its 1st cases and 6 weeks before the 1st Italian cases were detected on 31 Jan 2020. Read More: <https://promedmail.org/promed-post/?id=7490347>

MEASLES UPDATE (NIGERIA), 24 June 2020, Nigeria recorded outbreaks of measles in 13 local government areas of [Niger State] during the coronavirus pandemic lockdown imposed to contain the spread of the pandemic. Read More: <https://promedmail.org/promed-post/?id=7506807>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

